

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**10/582248**

FILING DATE

APPLICANT(S)

**CLAIMS**

<b>①</b>	<b>AS FILED</b>		<b>AFTER 1<sup>ST</sup> AMENDMENT</b>		<b>AFTER 2<sup>ND</sup> AMENDMENT</b>	
	<b>IND.</b>	<b>DEP.</b>	<b>IND.</b>	<b>DEP.</b>	<b>IND.</b>	<b>DEP.</b>
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TOTAL IND.	2	↓	0	↓	0	↓
TOTAL DEP.	18	←	0	←	0	←
TOTAL CLAIMS	20	[REDACTED]	0	[REDACTED]	0	[REDACTED]

	<b>AS FILED</b>		<b>AFTER 1<sup>ST</sup> AMENDMENT</b>		<b>AFTER 2<sup>ND</sup> AMENDMENT</b>	
	<b>IND.</b>	<b>DEP.</b>	<b>IND.</b>	<b>DEP.</b>	<b>IND.</b>	<b>DEP.</b>
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100						
TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0	[REDACTED]	0	[REDACTED]	0	[REDACTED]